Female GU – Vaginitis / Dysuria without UTI

History
- Itchiness
- Discharge
- Fever
- Hygiene
- Wipe front to back?
- Bubble bath
- Soap, shampoo
- Scented toilet paper
- Laundry detergent used
- Tight clothing
- New clothing not washed first
- Recent antibiotics (risk for yeast infection)
- Self-stimulation (common in young children)
- Concern for sexual abuse

Physical Exam
- Irritative vaginitis: erythema, no or scant discharge
- Yeast infection: itchy, cottage cheese discharge
- Foreign body: (toilet paper common), malodorous yellow/green discharge
- Labial adhesion
- Lichen sclerosis: thin white onion-skin like plaque in hourglass pattern, erosions
- Urethral prolapse: red donut-like lesion at urethra

Testing
- Urine studies to r/o UTI
- STD testing if suspected
- Consider dextrostick if yeast infection without other risk factor

Treatment
- Sitz baths in plain warm water
- No soap or other products to GU area
- No bubble bath, scented soaps or toilet paper, no scrubbing GU area
- Loose clothing & PJs (avoid tights, leggings, skinny jeans)
- Change out of wet swimsuits expediently
- Review toilet hygiene: wipe front to back, sit with knees far apart (can sit on toilet facing backwards to facilitate)
- Can use cool compresses to relieve itching
- Cut nails short if itchiness, self-stimulating
- Labial adhesion: topical estradiol 0.01% BID
- Lichen sclerosis: topical corticosteroid (e.g. clobetasol) nightly x 3 months
- Urethral prolapse: topical estradiol 0.01% BID and follow-up in 2 weeks
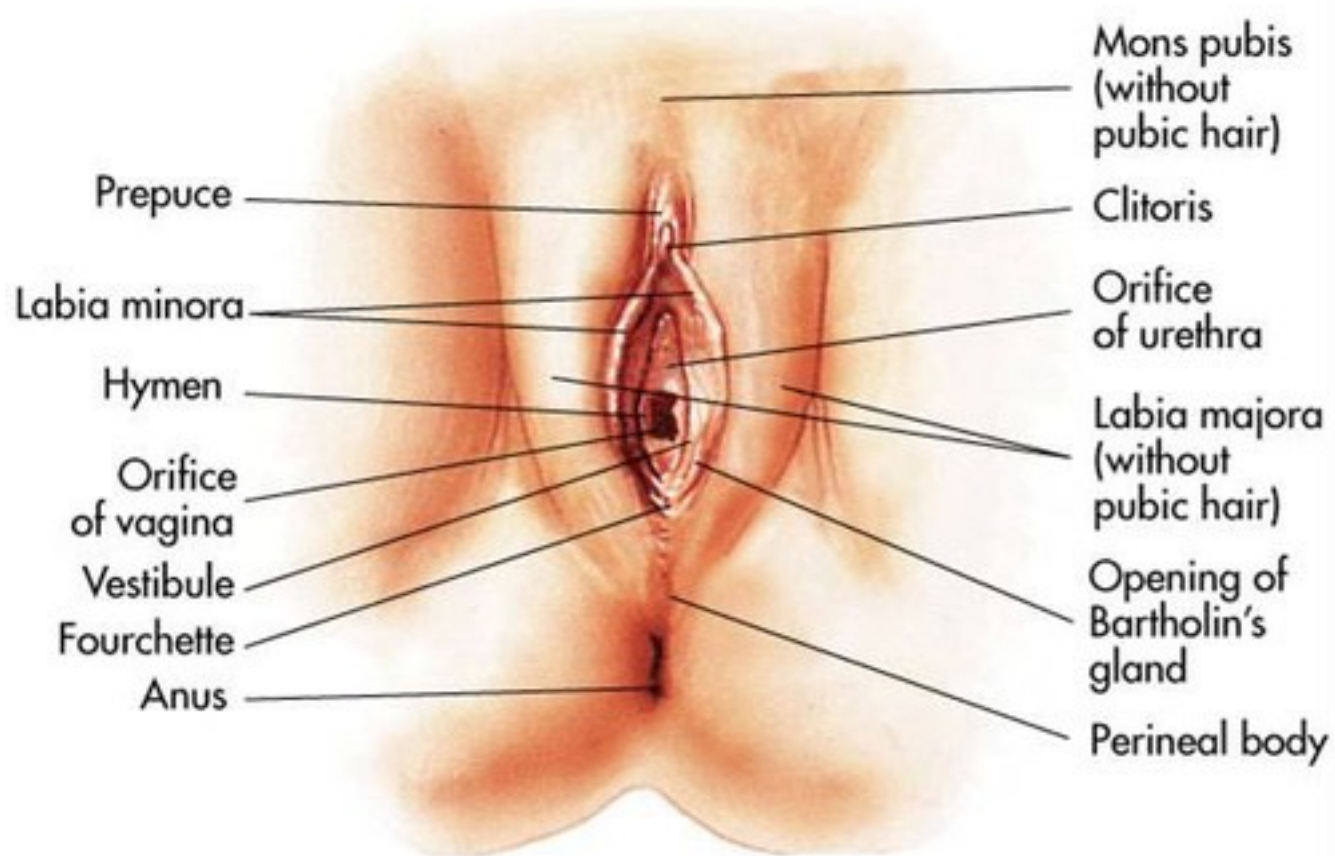
Female Pre-pubertal GU Anatomy & Exam Tips

Figure 6-1 External female genitalia.

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Helpful Article Contemporary Peds

Exam Tips

- Position 1 (frog-leg): Supine, knees bent maximally, heels together, allow knees to gently fall apart
- Position 2 (knee-chest): Prone, knees to chest, arch back
- Position 3 (lithotomy): Child on parent's lap supine, parent hooks their hands under child's knees to hold child in lithotomy position

- Apply gentle traction to the labia majora
- Do not touch the orifice or hymenal area (very sensitive)
- Discuss when it is and isn't OK for someone to look at child's privates